

## MBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. 11-SW-4913

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NETWORKED BASED PARALLELING SWITCHGEAR EQUIPMENT CONFIGURATION PROCESS, (Docket No. 11-SW-4913) the specification of which:

(Docket No. 11-SW-4913) the spec	cification of v	which:	,
(check one)	[ ]	is attached hereto	
	[X]	was filed on Februar	y 5, 2001 as Application Serial No.09/777,057_,
		and was amended or	
I hereby state that I have reviewed amended by any amendment referr		nd the contents of the	above identified specification, including the claims, as
I acknowledge the duty to disclose Title 37, Code of Federal Regulation		which is material to	he examination of this application in accordance with
and, insofar as the subject matter application in the manner provided	of each of by the first period in Tit	the claims of this apparagraph of Title 35, the 37, Code of Feder	§120 of any United States application(s) listed below plication is not disclosed in the prior United States United States Code, §112. I acknowledge the duty to al Regulations, §1.56(a) which occurred between the al filing date of this application:
Application Serial No.		Filing Date	Status (patented, pending, abandoned)
I hereby claim the benefit under Tobelow:	itle 35, Unite	d States Code §119(e)	of any United States provisional application(s) listed
Application Serial No.		Filing Date	Additional provisional application
			numbers are listed on a supplemental
			priority sheet attached hereto.
24,030; Henry I. Steckler, Reg. No Easton Turnpike, Fairfield, CT 06 Dave S. Christensen, Reg. No. 40, John S. Beulick, Reg. No. 33,33 Metropolitan Square, Suite 2600, Sfull power of substitution, delegat therein, to receive the patent and to I hereby direct that all corresponder John S. Beulick, Reg. No. 33,338 Armstrong Teasdale LLP	. 24,139; and 431; Carl B. 955, all of G 8 and Patric t. Louis, MO ion and revo transact all b	James W. Mitchell, R Horton, Reg. No. 34 eneral Electric Compack W. Rasche, Reg. 63102, jointly, and eacation, to prosecute to justiness in the Patent a	licinski, Reg. No. 26,621; Jay L. Chaskin, Reg. No. eg. No. 25602, all of General Electric Company, 3135 (622; Damian G. Wasserbauer, Reg. No. 34,749; and any, 41 Woodford Avenue, Plainville, CT 06062; and No. 37,916, all of Armstrong Teasdale LLP, One ach of them severally, my attorneys and attorney, with his application, to make alterations and amendments and Trademark Office connected therewith.
One Metropolitan Square, Suite 260 St. Louis, MO 63102.	Ю		
Telephone No. (314) 621-5070.			



SOLE OR FIRST INVENTOR:

Attorney Docket No. 11-SW-4913

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

Full Name: David Leslie	
Signature:	Date: 4-25-200\
Residence: Wheaton, Illinois 60187	
Citizenship: USA	
Post Office Address: 705 East Wakeman Avenue, Wheaton, Illinois 60187	
SECOND JOINT INVENTOR, IF ANY:	
Full Name: Robert Laufenberg	
Signature: Rux Ltfly	Date: 4/25/01
Residence: Wheaton, Illinois 60187	
Citizenship: USA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Post Office Address: 0N 418 Darling Street, Wheaton, Illinois 60187	
THIRD JOINT INVENTOR, IF ANY:	
Full Name:	
Signature:	Date:
Residence:	- <del>-</del> ,
Citizenship:	
Post Office Address:	
FOURTH JOINT INVENTOR, IF ANY:	
Full Name:	
Signature:	Date:
Residence:	
Citizenship:	
Post Office Address:	